

# **EXHIBIT 4**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS**

PLANNED PARENTHOOD FEDERATION  
OF AMERICA, INC.; PLANNED  
PARENTHOOD LEAGUE OF  
MASSACHUSETTS; and PLANNED  
PARENTHOOD ASSOCIATION OF UTAH,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official  
capacity as SECRETARY OF THE U.S.  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES; U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES;  
MEHMET OZ, in his official capacity as  
ADMINISTRATOR OF THE CENTERS FOR  
MEDICARE & MEDICAID SERVICES; and  
CENTERS FOR MEDICARE & MEDICAID  
SERVICES,

Defendants.

Case No.

**DECLARATION OF JENNA TOSH  
IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION FOR A TEMPORARY  
RESTRAINING ORDER AND PRELIMINARY INJUNCTION**

I, Jenna Tosh, PhD, declare and state as follows:

1. I am the President and CEO for Planned Parenthood California Central Coast ("PPCCC"), a Planned Parenthood Federation of America ("PPFA") member with health care centers in Santa Barbara, Ventura, and San Luis Obispo counties in California. I am also the Chair of the Board of California Planned Parenthood Education Fund ("CPPEF"), the statewide entity

that represents the seven separately incorporated, independent Planned Parenthood members providing comprehensive sexual and reproductive health care services in the State of California (collectively, the “Planned Parenthood Members”).

2. This declaration is based on my personal knowledge, a review of data and studies compiled by CPPEF, a review of CPPEF’s business records, and the knowledge obtained in the course of my twenty years of service at Planned Parenthood entities. Statements about the other California Planned Parenthood Members I make are based on information I have received from them in connection with my role at CPPEF. If called and sworn as a witness, I could and would testify competently to the information in this declaration.

3. I submit this declaration in support of Plaintiffs’ Motion for a Temporary Restraining Order and Preliminary Injunction, which seeks to prevent the implementation of Section 71113 of An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14 (“PP Defund” or “Section 71113”), which prohibits federal Medicaid funding from being used for payments for services provided by Planned Parenthood Members’ health care in California’s Medicaid program (“Medi-Cal”). I am familiar with the PP Defund provision.

4. As explained more fully below, the PP Defund will have devastating consequences for Planned Parenthood Members in California and their health centers, as well as Californians who rely on them for comprehensive sexual and reproductive health and family planning care. Over 80% of patients who visit Planned Parenthood Members’ health centers in California rely on Medi-Cal for access to health care. Planned Parenthood Members’ health centers serve over 25,000 patients every week in California, including one in four California women of reproductive age who need publicly funded family planning services.<sup>1</sup>

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<sup>1</sup> Nakeisha Blades et al., *Publicly Supported Family Planning Services in the United States*, 2020:

5. The PP Defund abruptly cuts off payments for all services Planned Parenthood Members' health centers provide to patients in Medi-Cal programs, including the State's family planning services program, the Family Planning, Access, Care, and Treatment ("Family PACT") Program, for a period of one year. This sudden loss of revenue has led to uncertainty around the continued ability of Planned Parenthood Members' health centers to serve the 25,000 patients a week that rely on them for care.

6. As a result of the PP Defund, the seven California Planned Parenthood Members anticipate they will need to close health centers, drastically cut their health centers' hours and days of operation, reduce their workforces, and scale back the services they provide. Unless a temporary restraining order is granted, the California Members will need to scale their health care services back immediately. This means every patient who relies on Planned Parenthood Members' health centers in California will have more difficulty accessing services including family planning, screening and treatment for sexually transmitted infections ("STIs"), and cancer screenings. In the Medi-Cal provider network, Californians will find it especially difficult to access sexual and reproductive health care services and education throughout the State, and patients from California and those who come from out of state will have fewer options to receive care. Every day that this continues, CPPEF's seven Planned Parenthood Members and their patients are irreparably harmed.

## **I. EMPLOYMENT AND EDUCATION BACKGROUND**

7. I received my Bachelor of Arts in Political Science from the University of Florida, magna cum laude, in 2004. I then earned my Master's in Political Science from the University of

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*Tables and Appendix Tables*, Guttmacher Inst. (2025), [https://www.guttmacher.org/sites/default/files/report\\_downloads/publicly-supported-fp-services-us-2020-tables-and-appendix-tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/publicly-supported-fp-services-us-2020-tables-and-appendix-tables.pdf); Cal. Dep't of Health Care Servs., *Family Pact Program Report*, <https://familypact.org/wp-content/uploads/2023/05/FPACT-Program-Report-FY19-20.pdf> (last visited July 5, 2025).

Central Florida in 2008. I did my thesis on “Sex Education Policy in Florida: Strategies for Change,” which earned an award for Outstanding Political Science Master’s Thesis. In 2015, I earned my PhD in Public Affairs, on the Governance and Policy Research Track, from the University of Central Florida. My dissertation was titled: “State Adolescent Health Policies and their Impact on Teen Pregnancy Outcomes.”

8. I began my career as a Family Case Manager for Kids Hope United then moved to Planned Parenthood of Greater Orlando, where I served as the Director of Education and Advocacy from 2006 to 2009. In 2012, I was appointed President and CEO of Planned Parenthood of Greater Orlando. I served in that capacity until becoming President and CEO of PPCCC in February 2015.

9. PPCCC is the Planned Parenthood member with health centers in Santa Barbara, Ventura, and San Luis Obispo counties. It provides approximately 64,000 patient visits annually over three counties with six health center locations.

10. As the President and CEO of PPCCC, I serve on the board of directors of CPPEF along with the CEOs of the other California members. As of July 1, 2025, I am the chair of the CPPEF Board of Directors, a position I served previously in 2017 to 2019. In my role as CPPEF’s Board Chair, I work closely with the CPPEF President and CEO to help shape policy advocacy and provide support at the statewide level on behalf of the seven separately incorporated Planned Parenthood Members operating health centers in California.

## **II. ORGANIZATION MISSION AND STRUCTURE**

11. CPPEF is a California not-for-profit organization that provides statewide policy analysis, advocacy, and legal support to its members and works alongside government agencies, coalition partners, and stakeholders on issues related to access to comprehensive sexual and reproductive health, health care operations, and equitable access to quality health care for all

Californians, especially for people who have low incomes or who are from underserved communities.

12. CPPEF’s mission is to ensure that all individuals have the freedom to make reproductive decisions and, for people to make healthy decisions, they should have access to comprehensive information and services related to sexuality, reproduction, methods of contraception, fertility control, and parenthood.

13. CPPEF is a membership organization consisting of the seven California Planned Parenthood Members. Each CPPEF member is a separately incorporated, independent non-profit organization, with its own Chief Executive Officer, Board of Directors, management, and staff. Each member provides health care and educational services in a distinct geographic region throughout California. The seven members are: PPCCC, Planned Parenthood Northern California (“PPNorCal”); Planned Parenthood Mar Monte (“PPMM”); Planned Parenthood Los Angeles (“PPLA”); Planned Parenthood Pasadena and San Gabriel Valley (“PPPSGV”); Planned Parenthood Orange and San Bernardino Counties (“PPOSBC”); and Planned Parenthood Pacific Southwest (“PPPSW”).

14. While CPPEF is dedicated to ensuring access to comprehensive sexual and reproductive health care services in California, CPPEF itself does not provide medical services. Medical services are provided by CPPEF’s seven California members through the 114 health centers they independently operate throughout the State, collectively providing over 1.3 million patient visits each year to patients from all 58 counties in California as well as from other states.

15. CPPEF and its member Planned Parenthood organizations are also members of Planned Parenthood Federation of America, Inc. (“PPFA”).

### **III. PLANNED PARENTHOOD IN CALIFORNIA**

16. The seven California Planned Parenthood Members independently operate 114 health centers across the State, providing over 1.3 million patient visits annually. Collectively, they are among California's largest providers of sexual and reproductive health care and sexual education.

17. The seven California Planned Parenthood Members' health center locations span from the northwest corner of the State in Eureka to the southeast corner in El Centro near the U.S.-Mexico border almost 900 miles away. These health centers are intentionally located in underserved areas, near public transportation to facilitate access for patients who rely on public transit, and in other locations where there are shortages of adequate health care resources to meet patient needs. Health centers can be found in the major metropolitan areas of Los Angeles, San Diego, San Jose, San Francisco, Oakland, and Sacramento, along California's more rural Central Coast, and throughout the State's Central Valley. There are also a number of health centers in other, more rural parts of the State, such as Antelope Valley, Victorville, Ukiah, and Redding. A true and correct copy of a map showing the location of the health centers throughout the State of California is attached as Exhibit A.

18. California Planned Parenthood Members' health centers offer a range of sexual and reproductive health care services, including the provision of birth control, including emergency contraception; testing and treatment of STIs; pregnancy testing and services; breast and cervical cancer screenings; gender-affirming care; and abortion. Some also provide primary care services. Others provide behavioral health and prenatal care services. All seven California Planned Parenthood Members provide health care services in person and via telehealth.

19. Last year, California's Planned Parenthood Members' health centers provided care to roughly 700,000 individual patients, including almost 100,000 telehealth visits. The primary

services provided during those visits included: 2.6 million tests for STIs; over 500,000 visits for contraception, including emergency contraception; almost 500,000 pregnancy tests; nearly 100,000 cancer screenings; and pre-exposure prophylaxis (“PrEP”) and post-exposure prophylaxis (“PEP”), two HIV-related medications, to more than 6,000 patients.

20. The services we provide are critical to the health and well-being of our patients. Our work to screen and immunize against human papillomavirus (“HPV”), and treat pre-cancerous cervical lesions undoubtedly reduces the incidence of cervical cancer for our patients, but nonetheless, we do sometimes need to make the diagnosis. For example, last month, a PPPSGV physician diagnosed two patients with cervical cancer. The first patient presented for intrauterine device (“IUD”) removal had been seen in a local emergency room due to abdominal pain, where they said they could not remove the IUD because strings were not seen and treated for a presumed pelvic infection. The patient had a large cervical mass pushing into her abdomen causing significant pain. She had sought care through multiple health providers without receiving the diagnosis. The second patient had been seen regularly by PPPSGV for cervical cell abnormalities. Monitoring closely, the PPPSGV provider was able to diagnose cancerous cells at an early stage, increasing the patient’s likelihood of survival greatly. Both patients had Medi-Cal, and PPPSGV was able to connect them directly to cancer doctors once the diagnoses were made.

21. Planned Parenthood Members often diagnose patients with ectopic pregnancy, a life-threatening condition, and are often able to get them the emergency treatment they need. For example, recently, one member’s health center identified an ectopic pregnancy on an ultrasound at the visit and immediately referred the patient, who was seven weeks pregnant, to Los Angeles General. She had a salpingostomy (fallopian tube-sparing surgery) before the tube ruptured.

22. As another example, two months ago, a member’s health center saw a patient who



was six weeks pregnant. No pregnancy was seen in the uterus on the ultrasound. The Planned Parenthood provider drew human chorionic gonadotropin (“hCG”) (a pregnancy hormone) levels, and the patient was referred the next day for evaluation at the emergency department. She was able to get Methotrexate treatment (an injection to treat ectopic pregnancy) rather than surgery due to the early diagnosis.

23. In addition, all seven California Planned Parenthood Members offer education and counseling on sexual and reproductive health, reaching nearly 100,000 Californians every year.

24. Planned Parenthood Members’ health centers primarily serve patients who have low incomes and rely on Medi-Cal programs to access health care services. Approximately 90% of patients who come to Planned Parenthood Members’ health centers in California have incomes that are below 200% of the federal poverty line (“FPL”) (\$31,300 for one person in 2025)<sup>2</sup> and over 80% are under the age of 35. Three out of four patients identify as people of color.

25. Patients come to Planned Parenthood Members’ health centers because they know they can receive high-quality, patient-centered, confidential, compassionate, and nonjudgemental care regardless of their ability to pay. California’s Planned Parenthood Members have longstanding, deeply rooted relationships in the communities they serve, and work to provide culturally-appropriate care to meet the needs of California’s diverse population. For example, PPNorCal came into existence in 1929, and PPPSGV in 1933. PPCCC, PPPSW, PPLA, and PPOSBC have served their communities since the 1960’s.

26. Many patients also choose to receive care at Planned Parenthood Members’ health

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<sup>2</sup> U.S. Dep’t of Health & Hum. Servs., Off. of the Assistant Sec’y for Plan. & Evaluation, *2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)*, <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf> (last visited July 5, 2025).

centers because they are often able to see a clinician, receive care and counseling (including relevant labs and other testing), and obtain medications or supplies at one location, without having to travel to a separate lab testing facility or pharmacy. This allows patients to receive sensitive medical services confidentially and efficiently, saving time, money, and resources that would be required to arrange for childcare or to take additional time off from work or school. At Planned Parenthood Members' health centers, patients can receive help with State coverage program enrollment, be tested for STIs and then receive results and treatment if necessary, receive birth control counseling, and obtain any needed services, referrals, and medications in one visit at one location. California's Planned Parenthood Members also operate several health centers that have extended hours, including weekend hours, and provide services to accommodate patients who have inflexible work schedules, childcare, or other unique scheduling challenges.

27. The seven California Planned Parenthood Members implement programs and policies to address the unique and diverse needs of the communities they serve, including survivors of trauma and assault, people with disabilities, people with physical, mental, or social challenges, migrant workers, and people who are unhoused.

28. For example, a patient with a history of significant trauma sought an IUD as a birth control method. The patient desired sedation for the insertion because of their past trauma and came to a PPOSBC health center after their regular primary care doctor refused any type of sedation. PPOSBC was able to see the patient the next day and make sure that the patient could receive the birth control method of their choice in a manner that addressed their circumstances—ensuring that the patient felt safe and supported during the medical procedure.

29. Planned Parenthood Members' health centers in the State serve many patients who speak languages other than English. Access to care with a trusted provider is crucial for these

patients, who are more likely to have lower incomes, poorer health, and experience discrimination in the health care system. All Planned Parenthood Members' health centers in California offer language access services to address the needs of California's diverse population, including multilingual staff in many of their locations to meet the specific needs of the patient population in their communities, and telephone or video access to translators in over 200 languages.

30. For example, at PPCCC, the member where I serve as the President and CEO, we have a health center that serves a large indigenous farmworker population from Mexico. Many in that community speak the indigenous language of their region. They face many challenges related to poverty and lack of access to health care. Recently, a patient came in for a pregnancy test who did not speak English or Spanish. Our interpreter working in that health center was able to speak to her in her indigenous language. During the visit, the patient reported that she had been sexually assaulted and was pregnant as a result. She was extremely scared and was not sure she would be able to come back for another visit. We were able to do rapid testing to determine whether she had acquired an STI, provided an abortion, and inserted an IUD. The patient told our clinicians that they had helped her more than anybody else, particularly since they were able to provide all these services during one visit.

#### **IV. PLANNED PARENTHOOD'S PARTICIPATION IN THE CALIFORNIA MEDICAID PROGRAM**

31. Medi-Cal covers almost 15 million Californians—over a third of the State's population. Most Medi-Cal enrollees are covered through a state contract with a managed care plan. For beneficiaries who access care through a managed care plan, sexual and reproductive health care services, including for family planning and abortion, are available both in- and out-of-network as sensitive services.<sup>3</sup>

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<sup>3</sup> Medi-Cal Providers, *Client Eligibility* 19, <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/>

32. Of those covered by Medi-Cal, 36.6% are 20 years of age and younger.<sup>4</sup> 34.3% of Medi-Cal enrollees are a part of the ACA expansion adult population with incomes up to 138% of the FPL between the ages of 19–64.<sup>5</sup> The California Department of Health Care Services (“DHCS”) manages the State’s Medicaid Programs and is responsible for provider enrollment, claims processing, program design, and responding to the public.

33. The Medi-Cal program provides coverage for comprehensive sexual and reproductive health services, covering all health care services required by federal law as well as many federal optional benefits that are eligible for federal matching funds. The State also provides coverage using state-only funds for certain health care services that are not eligible for federal funds, which includes abortion, and for certain populations whose care is not eligible for federal matching funds.

34. The State administers Medi-Cal, subject to federal and state regulations, and cost of care under the program is shared between California and the federal government. The federal medical assistance percentage (“FMAP”) is the percentage of costs paid by the federal government to state Medicaid programs, which varies by service type and the enrollee receiving the service. California’s FMAP is 50% for most services and enrollees,<sup>6</sup> while certain services and enrollees, including family planning services, are eligible for an FMAP of up to 90%.<sup>7</sup> Current budget

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<sup>4</sup> Cal. Dep’t of Health Care Servs., *Medi-Cal Monthly Eligible Fast Facts* 9 (May 2025), <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Fast-Facts.pdf>.

<sup>5</sup> *Id.* at 13.

<sup>6</sup> KFF, *Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier*, <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/> (last visited July 5, 2025); Social Security Amendments of 1965, Pub. L. No. 89-97 (1965).

<sup>7</sup> Social Security Amendments of 1972, Pub. L. No. 92-603 (1972), <https://www.govinfo.gov/content/pkg/STATUTE-86/pdf/STATUTE-86-Pg1329.pdf>.

estimates show that federal funds cover around 60% of the total Medi-Cal program expenditures.<sup>8</sup>

35. The Family PACT, or FPACT, Program is a comprehensive family planning services program, part of Medi-Cal, which is funded 77.5% by the federal government. FPACT provides contraceptive and family planning-related services, along with client-centered health education and counseling, at no cost to California's residents of reproductive age with low incomes. Operating since 1997, it is administered by the DHCS, Office of Family Planning (OFP), which is responsible for program policy, program monitoring, quality improvement, and program evaluation. The Family PACT Program is designed to assist individuals who have a medical necessity for family planning services, so that they can establish the timing, number, and spacing of their children, and maintain optimal reproductive health. Family PACT serves over 600,000 income-eligible people of childbearing age.<sup>9</sup>

36. Family PACT patients are California residents of reproductive age who have a family income at or below 200% of the FPL.<sup>10</sup> FPACT patients must have a medical necessity for family planning services and either have no other source of health care coverage for family planning or meet certain criteria for eligibility. Planned Parenthood Members' health centers provide approximately 70% of the health care services that are reimbursed by Family PACT in California.<sup>11</sup>

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<sup>8</sup> Cal. Dep't of Health Care Servs., *Medi-Cal May 2025 Local Assistance Estimate for Fiscal Years 2024-25 and 2025-26* (May 2025), [https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2025\\_May\\_Estimate/MAY-2025-Medi-Cal-Local-Assistance-Estimate.pdf](https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2025_May_Estimate/MAY-2025-Medi-Cal-Local-Assistance-Estimate.pdf).

<sup>9</sup> Cal. Dep't of Health Care Servs., *supra* note 1, at 11.

<sup>10</sup> Cal. Dep't of Health Care Servs., *Family Pact: An Overview*, <https://familypact.org/wp-content/uploads/2024/04/Family-PACT-Program-Fact-Sheet.pdf> (last visited July 5, 2025).

<sup>11</sup> Cal. Dep't of Health Care Servs., *Medi-Cal May 2023 Local Assistance Estimate for Fiscal Years 2022-23 and 2023-24* (May 2023), [https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2023\\_May\\_Estimate/MAY-2023-Medi-Cal-Local-Assistance-Estimate.pdf](https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2023_May_Estimate/MAY-2023-Medi-Cal-Local-Assistance-Estimate.pdf); Dep't of Health Care Access & Info., *2023 Primary Care Clinic Annual Utilization*

37. All seven of the Planned Parenthood Members offering health care services currently participate in the Medi-Cal program and are enrolled as Family PACT providers. Approximately 54% of the patients seen at Planned Parenthood Members' health centers in California are enrolled in Medi-Cal with an additional 26% enrolled in the Family PACT program. Combined, Medi-Cal and its related programs including Family PACT make up approximately 80% of Planned Parenthood's patient visits.

38. Planned Parenthood Members' health centers are reimbursed by the State of California for eligible patient care through a combination of state and federal funding. Planned Parenthood Members' health centers in California are the backbone of the Medi-Cal program's network of sexual and reproductive health care providers and collectively provide approximately \$425 million of services to patients that are covered by Medi-Cal and its related programs annually.<sup>12</sup> Of that, around 77%, or \$328 million, is paid using federal funds.<sup>13</sup>

39. Planned Parenthood Members' health centers also assist and support patients who are uninsured and/or need assistance navigating publicly-funded coverage options. Many people turn to Planned Parenthood Members' health centers for care because they do not have health care coverage and have few options to obtain care. Health center staff will often assist patients who may be between jobs, recently lost their job, or simply cannot afford health care, in order to help them navigate what coverage they may be eligible for and help them enroll in coverage.

40. For example, one recent PPPSGV patient discovered that their health care coverage had expired and they were due for their birth control shot the next day. PPPSGV was able to assist

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*Data (November 2024), CA.gov (July 5, 2025), <https://sandbox.data.ca.gov/dataset/primary-care-clinic--annual-utilization-data/82f4dc4e-b1fb-4961-b362-6d05534f3781>.*

<sup>12</sup> Dep't of Health Care Access & Info., *supra* note 11.

<sup>13</sup> Cal. Dep't of Health Care Servs., *supra* note 8.

the patient by helping them enroll in Family PACT.

41. Another patient recently visited a PPNorCal's health center after losing their insurance. The patient needed help accessing prescription medication for their chronic medical conditions. A community health worker at PPNorCal was able to assist the patient with obtaining Medi-Cal coverage, and connect them with clinicians and specialists that accepted Medi-Cal. PPNorCal was able to help their patient navigate a complex health care system and gain access to critical care and services.

42. In another example, PPMM assisted a patient who was working as an agricultural worker, and who was uninsured, to enroll in the Family PACT program, and performed a preventive care visit where the clinician identified concerning findings. PPMM was able to order imaging and diagnostic testing that resulted in a cancer diagnosis. PPMM then facilitated a referral to an oncology provider and supported the patient in enrolling in additional public coverage programs to cover the costs of the treatment.

43. At PPCCC, a patient came to one of our health centers who was uninsured. She had a breast mass that she was worried about. We helped her get funding for the visit and ordered screening, which showed that she had Stage 1 breast cancer. We then helped her make an appointment with a local oncologist and did a warm hand-off, which is known to improve the chances of survival. The patient indicated she had tried to see another Ob-Gyn, but could not afford the visit.

## **V. EFFECT OF THE PP DEFUND ON PLANNED PARENTHOOD MEMBERS IN CALIFORNIA**

44. It is my understanding that the seven separately incorporated Planned Parenthood Members in California that operate the 114 health centers throughout the State are “prohibited entit[ies]” under the PP Defund because they are all 501(c)(3) not-for-profit organizations and

essential community providers, which operate community clinics that primarily engage in family planning and reproductive health, provide abortion, and because each received more than \$800,000 in total state and federal Medicaid funding in fiscal year 2023. The PP Defund is in effect. Because Planned Parenthood members in California are now prohibited from receiving federal Medicaid payments, they are unable to submit the vast majority of claims to Medi-Cal as of the time of President Trump's signature on July 4, 2025.

45. If California Planned Parenthood Members remain unable to seek reimbursement for the vast majority of services provided to the more than 25,000 patients their health centers serve every week, they will be forced to close health centers and reduce hours, staff, and services, and Californians will lose vital access to sexual and reproductive health care. Absent a temporary restraining order and preliminary injunction, the California Planned Parenthood Members will have to scale back the health services they offer almost immediately. The PP Defund will not only impact abortion access, but will be devastating for access to family planning and other sexual and reproductive health care, not just for Medi-Cal beneficiaries but for all patients who seek care at Planned Parenthood Members' health centers in California. The PP Defund also threatens access to Planned Parenthood Members' community-based educational services that reach almost 100,000 Californians a year.

46. Even short disruptions in revenue will have drastic impacts to funding because over 80% of Planned Parenthood Members' services in California are provided to Medi-Cal and Family PACT patients. Without reimbursement for those services, California's Planned Parenthood Members will lose approximately two-thirds of their revenue, and health centers will need to close, which is a time-consuming, administratively burdensome, and expensive process. Additionally, this process will likely include termination of leases or selling health center buildings that



Members own. Once a location is closed, it sometimes never reopens. Even if funding resumes and re-opening is possible, it is very difficult, time-consuming and expensive to reopen. New staff would have to be hired and trained, new locations would have to be found to lease, new systems for medical records and billing would have to be installed and implemented, and a multitude of new licenses would have to be obtained. Plus, each Member would need to extensively expand philanthropic fundraising to raise the costs of opening health centers: expenses for insurance, billing and medical record systems, leases and staff will be incurred long before any revenues exist from services provided that could be used to cover those costs. It also takes 6 months, and perhaps longer, to get the licenses and regulatory approvals from the various State agencies to open a health center, and all of that would have to occur before a clinic could open and begin to see patients.

47. Closures of Planned Parenthood health centers will reduce the number of family planning and abortion providers in the Medi-Cal program, leading to longer wait times and more barriers to care. Californians may need to travel significant distances to receive in-person care, which is especially problematic for rural and remote areas of the state where transportation is already a significant barrier to care. For many people who live in California's vast state, patients would have to drive multiple hours for over 200 miles to access the next closest reproductive health clinic. Forcing people to travel long distances to access care results in delays in time-sensitive care, or in care becoming inaccessible.

48. In addition to the impacts on the provision of health care, the PP Defund will have huge economic consequences on the employees who work for the California Planned Parenthood Members and the communities in which their health centers are located. The seven California Planned Parenthood Members employ over 3,000 Californians, including experienced clinicians, support staff, educators, and administrative staff. Planned Parenthood's California Members will

be forced to do large lay-offs, and would need to provide severance, health care coverage for the severance period, and career transition and outplacement services for any staff laid off. The extreme and sudden nature of the PP Defund will make it difficult to adequately prepare for staff transitions and cover the costs of these transition services.

## **VI. PROVISION OF FAMILY PLANNING AND FAMILY PLANNING-RELATED CARE IN CALIFORNIA**

49. Publicly funded family planning clinics, including Planned Parenthood Member health centers, provide essential health care to patients with low incomes, including access to contraception and other family planning services.<sup>14</sup> In 2020, over 2.2 million California women aged 13–44 were in need of publicly funded family planning services.<sup>15</sup> It is critical that providers like Planned Parenthood Members' health centers be able to continue operating; people that have trouble accessing family planning services are more likely to experience an unplanned pregnancy, contract an STI, or suffer other health complications.<sup>16</sup>

50. In California, Planned Parenthood Members' health centers see approximately half of all patients served at a publicly funded clinic for family planning services. Planned Parenthood Members' health centers saw half of the 1.2 million contraceptive clients served by all safety-net family planning centers in 2020 across California.<sup>17</sup>

51. Screening and treatment of STIs is the most cost-effective strategy for reducing adverse reproductive health outcomes, such as pelvic inflammatory disease and infertility, and

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<sup>14</sup> Usha Ranji et al., *Financing Family Planning Services for Low-income Women: The Role of Public Programs*, KFF (Oct. 25, 2019), <https://www.kff.org/womens-health-policy/issue-brief/financing-family-planning-services-for-low-income-women-the-role-of-public-programs/>.

<sup>15</sup> Blades et al., *supra* note 1.

<sup>16</sup> Inst. of Med. of the Nat'l Acads., *Overview of Family Planning in the United States*, in *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results* (2009).

<sup>17</sup> Guttmacher Inst., *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood* (June 4, 2025), <https://www.guttmacher.org/news-release/2025/federally-qualified-health-centers-could-not-readily-replace-planned-parenthood>.

their associated costs.<sup>18</sup> For many patients, Planned Parenthood Members' health centers are the only health care provider and trusted source for information and services related to STI testing and treatment. Over the past five years, the California Planned Parenthood Members have partnered with state and local public health officials to address the STI epidemic by increasing testing and treatment rates within their communities. In the past year, Planned Parenthood Members' health centers in California have performed over 2.6 million STI tests. Many have implemented rapid testing, which expands testing capacity and enables STI testing and treatment on the same day.

52. In 2020, only 56% of federally qualified health center (FQHC) sites nationwide reported offering contraceptive care to at least 10 women per year.<sup>19</sup> If Planned Parenthood Members are forced to reduce services and hours and close health center locations as a result of the PP Defund, patients will need to identify other publicly funded providers, such as FQHCs, to provide their care. FQHCs, however, are already struggling to meet a rapidly increasing demand for services and will be unable to absorb the patients of Planned Parenthood's Members in California. The California Primary Care Association ("CPCA"), which represents the community clinics in California, has stated that these clinics do not have the capacity to take on the patient volume served by Planned Parenthood Members. CPCA states: "[e]liminating Planned Parenthood from our state's comprehensive network of care would put untenable stress on remaining health centers. We do not have the capacity for such an increase in care and building such capacity would require significant capital investment." A true and correct copy of the CPCA letter dated June 3, 2025, is attached as Exhibit B.

53. For example, PPPSGV has referral relationships with local clinics that have very

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<sup>18</sup> See, e.g., Andrea K. Kennedy et al., *Direct and Indirect Cost Savings from STI Testing, Treatment, and Counseling among Foster Youth*, 49 Sexually Transmitted Diseases 86 (2022).

<sup>19</sup> Guttmacher Inst., *supra* note 17.

limited capacity to provide family planning services. In fulfilling this role, PPPSGV's health centers play a critical part in the safety net infrastructure. In addition to providing health care services, PPPSGV has served as a pillar within its community by providing information, education, and outreach to combat disinformation and acted as a hub for vaccine distribution to the most vulnerable.

54. In another example, PPCCC is the only safety-net, comprehensive reproductive health care provider in the State's Santa Barbara, San Luis Obispo, and Ventura counties located in the central coast region of California. Local hospitals and clinics routinely refer patients to PPCCC, especially for abortion, gynecological cancer prevention, and gender-affirming hormone therapy. Currently, the FQHCs refer their patients to PPCCC because the clinics either do not offer the range of services PPCCC provides or because they have a much longer wait time.

55. In fact, Planned Parenthood Members' health centers are much more likely than other clinic types to provide patient-centered options for care, including offering the full range of reversible contraceptive methods, providing same-day care for IUD and implant insertions, on-site dispensing of oral contraceptives, and the provision of contraceptives using telehealth.<sup>20</sup> Compared to other clinic types, Planned Parenthood Members' health centers offer a wider range of contraceptive methods that help patients identify and obtain methods that work best for them.

56. For example, one patient sought care at PPLA after being told by a gynecologist that it would be 5 months before they could schedule an appointment for a contraceptive implant. PPLA was able to offer the patient a same-day appointment.

57. As another example, another patient described how PPPSW staff took the time to

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<sup>20</sup> Alicia VandeVusse et al., *Publicly Supported Family Planning Clinics in 2022–2023: Trends in Service Delivery Practices and Protocols*, Guttmacher Inst. (Nov. 2024), <https://www.guttmacher.org/report/publicly-supported-family-planning-clinics-2022-2023>.

talk to them about all the birth control options so they could consider what would be the best for them. They were able to make a choice about their preferred birth control method feeling equipped with the information they needed to make that decision. As the patient stated, “I’m so grateful that I was able to access care at Planned Parenthood through Medi-Cal—to get tested, get my annual exams, access birth control, and the information I needed to decide what’s best for my body.”

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58. In sum, it is my belief that the PP Defund will have a large and devastating impact on Planned Parenthood Members’ health centers in California, widen disparities in health care, and threaten access to family planning and abortion services for Californians.

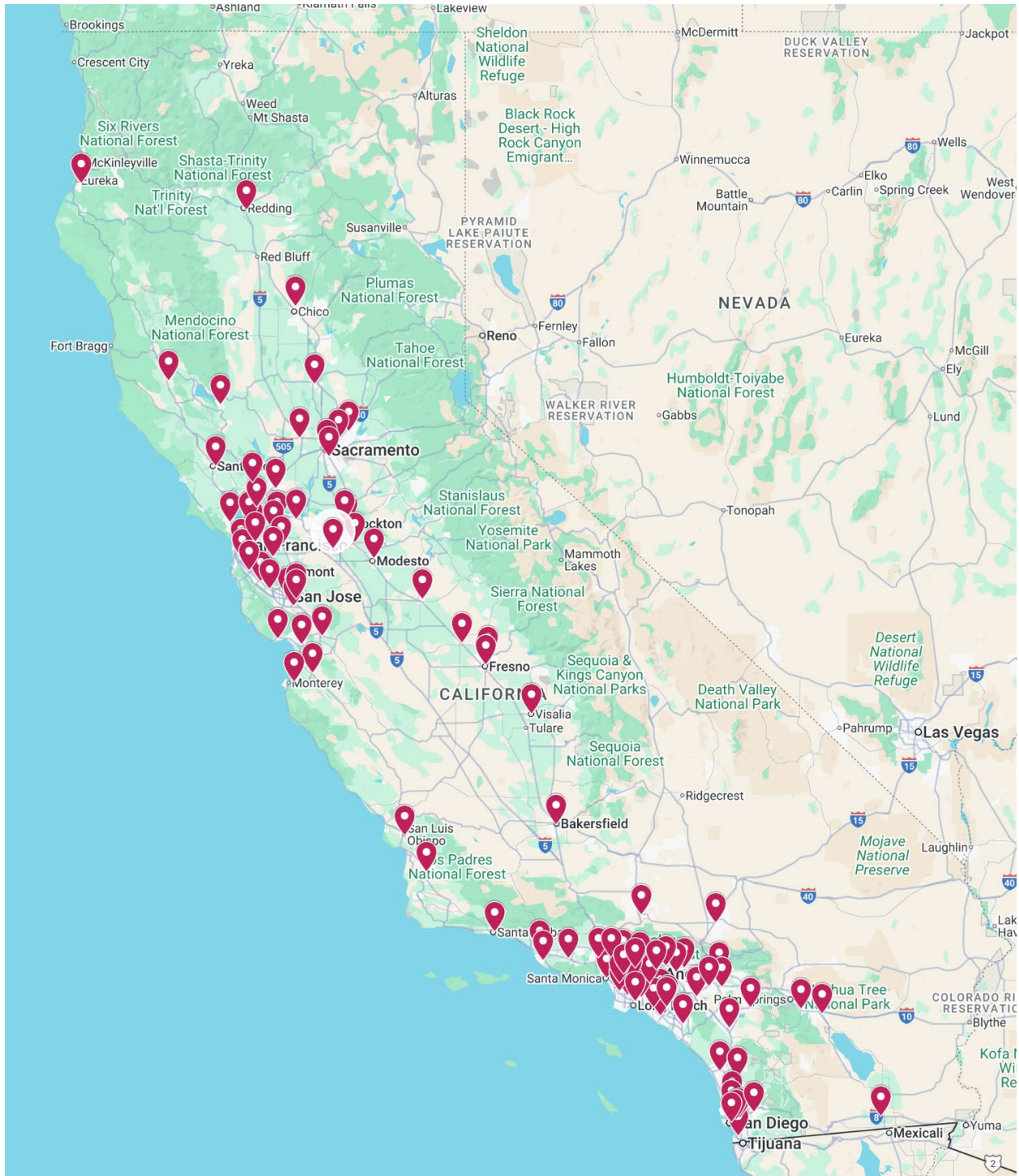
I declare under penalty of perjury that the foregoing is correct and that this declaration is executed on 6th day of July, 2025, in Santa Barbara, California.

  
\_\_\_\_\_  
Jenna Tosh

7/6/2025

\_\_\_\_\_  
Date

# Exhibit A



# Exhibit B





June 3, 2025

The Honorable Alex Padilla  
The Honorable Adam Schiff  
United States Senate  
331 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Padilla and Senator Schiff,

The California Primary Care Association is aware of provisions in the House-passed Budget Reconciliation Bill that is currently before the Senate that would prohibit federal funding from being used for services provided by Planned Parenthood. In California, this would mean that Medi-Cal patients would lose an important point of access for family planning services, shifting care to federally qualified health centers that will be [unable to meet patient needs](#). This provision has no purpose other than putting a moratorium on Planned Parenthood as a health care provider for ten years and in fact, according to the [Congressional Budget Office](#), will increase the deficit by \$300 million.

As the state-wide representatives of community clinics and health centers in California, who annually serve over 7.7 million Medi-Cal patients, we believe this action would negatively impact the health of our community.

Planned Parenthood currently operates 115 health centers in California and serves almost a million patients through 1.3 million total visits annually. Eliminating Planned Parenthood from our state's comprehensive network of care would put untenable stress on remaining health centers. We do not have the capacity for such an increase in care and building such capacity would require significant capital investment.

Moreover, the effort to defund Planned Parenthood would eliminate a patient's ability to choose the provider with which they feel most comfortable. Many patients rely on Planned Parenthood because they know that it is a place where they can get high quality care that is confidential and without judgment. Their reputation as a leading provider of sexual and reproductive health care means that they are the provider of choice to almost a million Californians who seek out a variety of services that include wellness exams, birth control, sexually transmitted infection (STI) testing and treatment, cancer screenings, and other preventive care. In 2024 alone, the Planned Parenthood affiliate health centers in CA conducted over 2.5 million STI tests.

Planned Parenthood is a vital component of the health care system in California and for that reason, we are opposed to any provisions in the budget reconciliation bill that will diminish their capacity to provide care in our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Francisco J. Silva', with a stylized, cursive script.

Francisco J. Silva, Esq.  
President and CEO  
California Primary Care Association